Symptom Record

Name	Relationship to case	Address	County	Phone(s)
DOB: ___ /___ / ___ Age:	Date monitoring starts:____/____/____		Date monitoring ends:____/____/____	

<u>Instructions:</u> At least once per day, fill in one row below. Your Health Department contact will check in with you regularly to ask about this record. If you have questions, call (206) 296-1100.

Date and Time	Check the symptoms that are present today:	Did you take medications for fever or respiratory symptoms today? If yes, please list.
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes:
Date: ___ / ___ / ___ Time: ___ : ___ ☐a.m. ☐p.m.	☐Cough ☐Headache ☐Sore throat ☐Shortness of breath ☐Muscle aches ☐Runny nose ☐Difficulty breathing ☐Diarrhea ☐Chills ☐Fever Temperature: __ __ __.__°F	☐No ☐Yes: